

## **APPLICATION FOR PERMISSION FOR ANIMAL EXPERIMENTS**

### ***NOTE FOR INVESTIGATORS SUBMITTING AN APPLICATION FOR PERMISSION OF EXPERIMENTS ON ANIMALS***

1. Submit this Form-B & Detailed Project (in 9 copies) with a forwarding letter addressed to the Chairman, Institutional Animals Ethics Committee (IAEC), Central Animal House, Panjab University, Chandigarh.
2. The enclosed form is only a FORMAT and your answers need not be confirmed to the space in this form. The answers should be clearly typed and all the sections and subsections of this Form must be completed with relevant details and signatures of Advisor / P.I.
3. It is not sufficient to submit a copy of the project proposal that you might have written for the funding agencies. Please provide a clear group-wise animal break-up and do give a brief description of the project, in lay man's language, incorporating the following information:
  - a) Background, including work done in the area and review literature, clearly indicating the lacunae in literature.
  - b) Main Objectives of research to be carried out and its relevance to science, and human health.
  - c) Provide References/Bibliography of work done in the area of your proposed research.
  - d) As described, a brief summary of proposed Experimental Protocol /Design must be incorporated in Form-B and **the detailed project proposal / protocol must be attached as Annexure.**
4. For the Animal Requests made for a period of more than 1 year, the Animal break-up depicted (at the last) must also reflect a tentative year-wise utilization of lab animals requested (Either X animals 1<sup>st</sup> Year; Y Animals 2<sup>nd</sup> Year OR X no. of Expts 1<sup>st</sup> year; Y no. of Expts 2<sup>nd</sup> year and like that).
5. Depicting a Tabulated Break-up of total animals requested as Annexure **is MUST.**
6. **Anesthesia** to animals must be given important consideration while proposing any painful procedure to be carried out on live animals during experiments.
7. Please mention clearly whether it is a New Application or is an Extension/Modification in earlier permission given for animal experiments. If it is an extension/modification in earlier permission, a copy of earlier permission letter issued by IAEC must be attached.
8. Fresh Project proposal would be approved for the period proposed/approved. Proposals from Research Scholars would be approved initially for a period of three years and for M.Sc. and M.Pharm students would be approved for.....

**INSTITUTIONAL ANIMAL ETHICS COMMITTEE  
SUMMARY SHEET  
(TO BE FILLED BY INVESTIGATOR)**

1.Type of Animals used (Please Tick)	Strain	Number requested	Sex (M/F/Both)
Rats <input type="checkbox"/>	_____	_____	_____
Mice <input type="checkbox"/>	_____	_____	_____
Rabbit <input type="checkbox"/>	_____	_____	_____
Others _____	_____	_____	_____

Justification for Sex of the animals .....  
.....

**2. Clearance nature recommended (Please Tick)**

- i. Routine (Sacrificing for tissue and no extended treatment injections or surgical)
- ii. Other
  - a. Non invasive procedures
  - b. Surgical procedures
  - b. Treatment with agents
    - Infectious
    - Non infectious

**3. Whether Biosafety (BPL3) facilities/clearance needed: Yes/No**

**4. Proposal Status**      Fresh       Extension   
IAEC Reference No. ....

**5. Funding Source** .....If Approved (Attach sanction letter)

**6. Comments/Remarks:** (To be filled by IAEC-member)

Signature of Principal Investigator

Signature of IAEC Member

## **APPLICATION FOR PERMISSION FOR ANIMAL EXPERIMENTS**

*Application to be submitted to send either to the CPCSEA (address in form A above) or Institutional Animal Ethics Committee (IAEC)*

### **Part A**

- \*1. **Name and address of establishment:**  
PANJAB UNIVERSITY,  
SECTOR-14,  
CHANDIGARH-160014
  
- \*2. **Registration number and date of registration:**  
**Regd. No.** 45/99/CPCSEA; **Dated:** March 11, 1999
  
3. **Name, address and registration number of breeder from whom animals acquired (or to be acquired) for experiments mentioned in parts B and C:**  
In-house Breeding facility at the Central Animal House (45/99/CPCSEA)
  
4. **Place where the animals are presently kept (or proposed to be kept):**  
Central Animal House, Panjab University, Chandigarh
  
5. **Place where the experiment is to be performed:**  
Central Animal House, Panjab University, Chandigarh
  
6. **Date on which the experiment is to commence and duration of experiment.**  
Approximate Date: ..... ; Duration: .....Months
  
7. **Type of Research Involved: .....**  
(Basic Research/Teaching/Regulatory/ Contract etc)

Date: \_\_\_/\_\_\_/20\_\_\_  
Place: Chandigarh

(Signature)  
**Name of Chief /Principal Investigator:**

**Designation:**

*\*Applicable only for application to be submitted to CPCSEA*

**Part B**

**Protocol form for Research Proposals to be submitted to the Committee/Institutional Animal Ethics Committee, for New Experiments or Extensions of Ongoing Experiments using animals other than non-human primates**

**1. Project/ Dissertation/Thesis/Expt./Title:**

.....  
.....

**2. Principal Investigator/Research Scholar/Research Guide/Advisor:**

- a. Name : .....
- b. Designation : .....
- c. Deptt/Div/Lab : .....
- d. Telephone number: +91 0172 ..... Extn: .....
- e. E-mail ID : .....

**3. List of names of all individuals to conduct procedures under this proposal:**

Name & Designation	E-mail ID
(a) .....	.....
(b) .....	.....
(c) .....	.....
(d) .....	.....
(e) .....	.....

**4. Funding Source with complete address:**

- (a) Panjab University, Chandigarh -160014
- (b) .....
- (c) .....

**5. Duration of the Project:**

- a. Number of months : .....
- b. Date of initiation (proposed) : ..... ' 20\_\_
- c. Date of completion : ..... ' 20\_\_

**6. Detailed Study Plan/Protocol (Not more than one page)**

*Tabulated Break-Up of Total Animals Required & Summary of Protocol (Attach details as Annexure-I)*

**7. Study Objectives [The Aims of study and Why they are Important]**

*Study Objective:* .....

.....

.....

.....

.....

.....

**8. Animals Required:**

- A (i). **Strain:** .....
- A(ii). **Species:** .....
- B. **Age / Weight / Size:** .....
- C. **Gender:** **Male / Female / Either-Both**
- D. **Numbers to be Used:** .....
- E. **No. of Days each Animal:** .....
- Will be Housed**
- F. **Proposed Source of Animals:** Central Animal House, Panjab University,  
Chandigarh

**9. Rationale for Animal Usage:**

- a. **Why is animal usage necessary for these studies?** (Reference to be cited)  
.....
- b. **Why are the particular species selected required?**  
.....
- c. **Why are the estimated numbers of animals essential?**  
.....
- d. **Similar experiments conducted in the past. If so, the number of animals used and results obtained in brief.**  
.....
- e. **If yes, why new experiment is required?**  
.....
- f. **Have similar experiment (s) been made by any other organization/agency? If so, their results in your knowledge.**  
.....

**10. Description of procedure to be used:**

*(List and describe all invasive and potentially stressful non-invasive procedures that animals will be subjected to in the course of the experiment. Furnish details of injection schedules*

(substances, doses, sites and volumes), blood withdrawal (volumes and sites and all anesthetics and/or analgesics dosage and routes

**Included in the detailed protocol attached as Annexure-I**

**Substances** : .....  
**Doses** : ..... /As per study needs  
**Sites** : Oral/.....  
**Volumes** : ..... /As per requirement

**Blood withdrawal**

**Volumes** : .....  
**Sites** : .....

**Choice & Dose of Anesthesia /Analgesia** : .....

**Radiation** (dosage and schedules) : If Applicable

**11. Please provide brief descriptions of similar studies from *in vitro* / *in vivo* (from other animal models) on same/similar test component or line of research. If, enough information is available, justify the proposed reasons:**

.....  
.....

**12. Does the protocol prohibit use of anesthetic or analgesic for the conduct of painful procedures (any which cause more pain than that associated with routine injection or blood withdrawal)?**

**If Yes, explanation and justification:** .....

**13. Will survival surgery to be done ? If YES, the following to be described:**  
(Attach as Annexure, if required)

- a. List and description of all such surgical procedures (including methods of asepsis)
- b. Names, qualifications and experience levels of operators
- c. Description of post-operative care
- d. Justification if major survival surgery is to be performed more than once on a single individual animal

**14. Methods of disposal post-experimentation:**

**Euthanasia (Specific Method)** : .....  
**Method of Carcass Disposal** : .....  
**Rehabilitation** : .....

**15. Animal Transportation Methods if Extra-institutional Transport is envisaged:**

**16. Use of Hazardous Agents** (Use of recombinant DNA-based agents or potential human pathogens requires documented approval of the Institutional Biosafety Committee (IBC). For each category, the agents and the Biosafety level required, appropriate therapeutic measures and the mode of disposal of contaminated food, animal wastes and carcasses must be identified)\*\*.

- a. **Radionuclide** : .....
- b. **Biological Agents** : .....
- c. **Hazardous Chemicals** : .....
- d. **Recombinant DNA** : .....
- e. **Any Other (give name)** : .....

**\*\*If, your project involved use of any of the above, attach copy of the minutes of Institutional Biosafety Committee (IBC) granting approval.**

**INVESTIGATOR'S DECLARATION:**

1. I certify that I have determined that the research proposal herein is not unnecessarily duplicative of previously reported research.
2. I certify that, I am qualified and have experience in the experimentation on animal.
3. For procedures listed under item 11, I certify that I have reviewed the pertinent scientific literature and have found no valid alternative to any procedure described herein which may cause less pain or distress.
4. I will obtain approval from the IAEC/CPCSEA before initialing any significant changes in this study.
5. Certified that performance of experiment will be initiated only upon review and approval of scientific intent by appropriate expert body [Institutional Scientific Advisory Committee / Funding Agency / other body (to be named)].
6. Institutional Biosafety Committee's (IBC) certification of review and concurrence will be taken (Required for studies utilizing DNA agents of human pathogens).
7. I certify that I will not initiate the study unless approval from CPCSEA/IAEC is received in writing. Further I certify that I will follow the recommendations of the CPCSEA/IAEC.
8. I certify that I will ensure that the rehabilitation policies are adopted.
9. **I shall maintain all the Experiment Records as per the format (Form D)**

Date: \_\_\_/\_\_\_/20\_\_\_  
Place: **Chandigarh**

(Mr./Ms/Dr./Prof..... )  
**Name & Signature of Principal Investigator**

\* \* \* \* \*

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**APPROVAL CERTIFICATE**

**This is certify that the project title “.....  
.....” has been approved (Approval No:  
PU/IAEC/2014/.....[to be filled by CAH]) by the IAEC, Panjab University, Chandigarh-  
160014).**

**(Chairman IAEC)  
Panjab University, Chandigarh**

**Member Secretary, IAEC**

**(CPCSEA Nominee)**

*(NOTE: Make sure that minutes of the meeting duly signed by all the IAEC members are maintained by the Office)*

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**Tabulated BREAK-UP of Total Animals Required**

(Group-wise /Expt-wise Division of Laboratory Animals must be mentioned)

(\*Use extra pages if required)

<b>Total Groups covered in Experiments</b>	=	..... <b>Groups</b>
<b>Animals Required per Group</b>	=	.....
<b>Total Animals Required for STUDY</b>	=	.....
<b>Total Laboratory Animal requirement</b>	=	1 <sup>st</sup> Year .....
(if applicable)		2 <sup>nd</sup> Year .....
		3 <sup>rd</sup> Year .....

**Brief Summary of Experiment Protocol/Design**  
(\*Outlines Only-Use extra pages if required)

**Experiment Title:**

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**Animals Specie & Strain:**

**Gender:**

**Age/Weight:**

**References:**